

STATE VEHICLE WAIVER

I, _____ have requested that I be allowed to ride in the State vehicle provided by the Nebraska Department of Education. It has been explained that if we are in an accident while I am a passenger in the vehicle owned by the State of Nebraska, I am not covered for medical expenses or other damages. I accept that as a condition of my being provided transportation, I waive any right I might have to claim any amount for damages I might suffer including but not limited to, medical expenses and pain and suffering, if the motor vehicle I'm riding in is involved in an accident and I am injured. I specifically agree not to file a complaint against the State for the above type of injuries and damages. I understand that if there is an accident, which is caused by someone other than by the State driver/vehicle, that this does not affect my ability to sue the party driving or owning the other vehicle.

It has been explained that I am required to wear my seat belt at all times in this vehicle, I am not allowed to smoke in this vehicle, and I must comply with all rules governing state employee use of this vehicle. I know that I do not have the approval to drive this vehicle unless it is considered an immediate emergency. In case of such emergency, the state's liability insurance will remain in effect.

This waiver is valid from the date of signature through the time period that I am a consumer of VR services unless specifically revoked by me in writing.

Dated _____

Signature of Non-Employee Passenger _____

NDE Witness (Driver) _____

NDE Supervisor/LCM or Designee signature _____